

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | CM       | 71632  | 3/15/01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                        O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
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